



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 1642

|   |   |  |  |                                  |                                |
|---|---|--|--|----------------------------------|--------------------------------|
| SERIAL NUMBER<br>10/667,324   | FILING DATE<br>09/23/2003<br><br>RULE   | CLASS<br>606                                 | GROUP ART UNIT<br>3739   | ATTORNEY<br>DOCKET NO.<br>114632 |                                |
| <b>APPLICANTS</b><br><br>Colin C.O. Goble, Egham, UNITED KINGDOM;<br><br><b>** CONTINUING DATA *****</b><br>This appln claims benefit of 60/437,154 12/31/2002<br><br><b>** FOREIGN APPLICATIONS *****</b><br>UNITED KINGDOM 0223348.4 10/08/2002<br><br><b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 12/15/2003</b> |   |  |  |                                  |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met<br>Verified and Allowance <i>[Signature]</i><br>Acknowledged Examiner's Signature Initials           |   | STATE OR<br><br>COUNTRY<br>UNITED<br>KINGDOM | SHEETS<br><br>DRAWING<br>5   | TOTAL<br><br>CLAIMS<br>23        | INDEPENDENT<br><br>CLAIMS<br>8 |
| <b>ADDRESS</b><br>25944<br>OLIFF & BERRIDGE, PLC<br>P.O. BOX 19928<br>ALEXANDRIA, VA<br>22320   |   |  |  |                                  |                                |
| <b>TITLE</b><br>Surgical instrument   |   |  |  |                                  |                                |
| FILING FEE<br><br>RECEIVED<br>1224  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue ) |                                  |                                |

|  |                                      |
|--|--------------------------------------|
|  | <input type="checkbox"/> Other _____ |
|  | <input type="checkbox"/> Credit      |